

Miami-Dade County Travel Authorized Signatures

For Department/Agency: _____

Approved By: _____ Date: _____
DEPARTMENT DIRECTOR

DEPARTMENT DIRECTOR NAME
(PLEASE PRINT OR TYPE)

Return by, Monday, September 25, 2006

Return to: Dania D. Timmons, Finance Department, 111 N.W. 1st Street - Suite 2620.

This travel authorization form lists the names of the individual(s) authorized by the department director noted above, to approve all travel related documents in his/her behalf. These individuals should be at the level of division directors or higher.

This authorization, unless changed due to employee transfers, terminations or a re-assignment of duties, will be effective for fiscal year ending September 30, 2007.

Any changes due to transfers, terminations or re-assignments must be reported immediately to the Finance Department. Please make a **brief footnote on the form** explaining the cause/reason for the change(s). Only a change in department director will require the completion of a new authorization form in its **entirety**.

The Department Director and all authorized signatures must comply with Miami-Dade County's Travel Manual Policy and Procedures and all travel Administrative Order(s).

The individual(s) listed below are officially authorized by the department director to sign Travel Requests and Travel Expense Reports for fiscal year ending September 30, 2007.

This signature authorization form is retained in departmental order for auditing purposes in the Finance Department, Controller's Division - Accounts Payable Unit.

<u>NAME</u> <u>TYPE OR PRINT</u>	<u>DEPT.</u> <u>NO.</u>	<u>DIV.</u> <u>NO.</u>	<u>SIGNATURE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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